

Maternal Drug Abuse and  
Drug Exposed Children:

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# A Compendium of HHS Activities



# **Maternal Drug Abuse and Drug Exposed Children: A Compendium of HHS Activities**

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# INTRODUCTION

Drug abuse is a serious problem in the United States. In particular, the expanding popularity and highly addictive properties of crack cocaine have generated considerable concern at the local and national levels. With large numbers of women using illicit substances during pregnancy, Federal, State and local policy makers and service providers are struggling to define how best to address the growing problem of infants exposed to drugs.

There are several populations of concern when one talks about maternal drug use. From the broadest perspective, the population of concern is women of childbearing age who use or are at high risk of using drugs, and their children. Of particular concern are pregnant substance abusers, mothers currently using drugs, children exposed to drugs in-utero, and children residing in drug using households.

This compendium of HHS programs addressing the issue of substance abuse in families is divided into two parts. The first section describes programs and other activities with a primary mission related to substance abuse in women, children, and families. The second section describes other, related programs and activities which, while not specifically targeted at substance abuse in families, address this issue as part of a larger mission.

As this document was going to print, Congress passed legislation reorganizing the Alcohol, Drug Abuse and Mental Health Administration. While the organizational structure will change, the programs described in this compendium will remain intact. The Office for Substance Abuse Prevention (OSAP) and the Office for Treatment Improvement (OTI) will be renamed and become part of the Substance Abuse and Mental Health Services Administration (SAMHSA), as will a new Center for Mental Health Services. OSAP has been renamed the Center for Substance Abuse Prevention, and OTI will become the Center for Substance Abuse Treatment. The National Institute on Drug Abuse, the National Institute on Alcoholism and Alcohol Abuse, and the National Institute of Mental Health will all become part of the National Institutes of Health (NIH).

This compendium is-written as a companion piece to another document, "Maternal Drug Abuse and Drug-Exposed Children: Understanding the Problem," a paper delineating the problem of maternal drug use and prenatal drug exposure. Both documents were prepared by a sub-group of the Department's Ad Hoc Drug Policy Group, which operates out of the Office of the Counsel to the Secretary on Drug Abuse Policy.

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## Direct Programs

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<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION Office for Substance Abuse Prevention (OSAP)
<b>TITLE</b>	<b>Pregnant and Postpartum Women and Their Infants Demonstration Grant Program</b>
<b>DESCRIPTION</b>	<p>In October 1988, Congress passed the Anti-Drug Abuse Act, Public Law 100-690. Sections 509F and 509G of that law authorized grants to public and private profit and non-profit entities to demonstrate model service delivery projects for substance abusing pregnant and postpartum women and their infants. In accordance with this legislation, OSAP funds projects that focus on prevention, education and treatment located in community, inpatient, outpatient, and residential settings.</p> <p>The initiative supports community-based programs, particularly those which provide or coordinate a comprehensive service delivery approach, and educational activities to increase awareness of the risks of alcohol and other drug use during pregnancy among all women of child-bearing age.</p>
<b>STATUS</b>	The Maternal and Child Health Bureau/HRSA collaborated with OSAP and contributed \$600,000 in FY90 toward these efforts. 131 grants were awarded by end of FY91
<b>EVALUATION EFFORTS</b>	<p>A three year contract for program-wide evaluation was let in September of 1990. The evaluation calls for a design that focuses on lessons learned from the implementation of alternative intervention models as well as project outcome. In addition, each individual grantee is required to conduct a process and outcome evaluation.</p> <p>The three year contract will help OSAP evaluate the implementation of specific services and service systems, including elements that both impede and facilitate project success, as well as assess the outcomes and impact on the client, services, and the system. The outcome assessment will assist in identifying successful service practices, common elements that appear integral to success, and the extent to which various services may be most suited for certain subgroups of the population.</p> <p>The information from the evaluation is intended to reveal which components can strengthen future service and research efforts aimed at this target population.</p>
<b>CONTACT</b>	Bernard R. McColgan Director, Division of Demonstrations and Evaluation (301) 443-9110

<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION ; Office for Substance Abuse Prevention (OSAP)
<b>TITLE</b>	<b>Natibnal Resource Center for the Prevention of Perinatal Alcohol and Other Drug Abuse</b>
<b>DESCRIPTION</b>	<p>This national center will act as the country's focal point for policy, research, information/referral, training, service design, technical assistance, and evaluation findings of programs targeting substance abusing pregnant and postpartum women and their children. The center will develop and disseminate promising prevention, treatment, and rehabilitation practices, as well as act as a catalyst for mobilizing communities and the nation to address the problems and negative health consequences of maternal drug use. The center has four primary objectives:</p> <ol style="list-style-type: none"> <li>1 Develop a system in which Center staff and its think tank members evaluate policy, provide interdisciplinary training, review research, and analyze service delivery strategies relevant to the prevention, treatment of and rehabilitation for substance use by pregnant and postpartum women and their children.</li> <li>2 Develop a national network of experts and practitioners to serve as a central source of information about program strategies so that innovative models can be rapidly shared throughout the prevention and treatment field. Importantly, the network shall be formed so that practitioners, policy makers, funding providers, and researchers can work together to develop and share information, curricula, research findings, funding opportunities, case descriptions, and resource notices.</li> <li>3 Provide concentrated training for interdisciplinary teams to target community-wide changes in prevention, treatment and rehabilitation of substance use by pregnant, postpartum women and their children. Provide special training for groups of people who specialize in subareas of this field.</li> <li>4 Establish a reliable system for acquiring national baseline data for monitoring progress made, as well as prepare a national report covering major aspects of this problem.</li> </ol>
<b>STATUS</b>	Contract was awarded 6/91. Partial funding has been contributed by the Maternal and Child Health Bureau.
<b>EVALUATION EFFORTS</b>	Not applicable.



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**CONTACT**

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**AGENCY**

ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION  
Office for Substance Abuse Prevention (OSAP)

**TITLE**

**Conference Support**

**DESCRIPTION**

OSAP provides financial support for a variety of conferences each year which disseminate information on substance abuse to clinical and professional audiences. Several of the events have directly or indirectly related to substance abusing pregnant and post-partum women and their children. These include:

National Learning Community Conference. The learning community consists of 500-700 members composed of OSAP grantees, researchers, foundations, policy makers, community programs, prevention advocacy groups, and relevant Federal, State, and local government authorities. These participants work together to develop and share knowledge concerning the best strategies for preventing substance abuse and other negative outcomes among high-risk youth and their families, and pregnant and postpartum women and their infants. This conference is held annually.

**STATUS**

One such event was held in February 1991. In July 1992 a National Conference on Perinatal Addiction will be held. One such event was held in February 1991. In July 1992 a National Conference on Perinatal Addiction will be held.

Conference on Alcohol and Drug Dependent Women and their Children. This conference brought together individuals with expertise in issues related to alcohol and drug abuse, child welfare, maternal and child health, and legal/ethical ramifications. The participants developed recommendations for prevention, treatment, public policy, and legal issues. Also, participants outlined specific strategies and projects which can be implemented by Federal, State, and local governments and private organizations over the next two years to enhance prevention and treatment efforts for pregnant substance abusing women and their children. This meeting was organized by the Coalition on Alcohol and Drug Dependent Women and their Children with support from OSAP. This conference was held June 12-13, 1990 in Washington D.C.

Forum on Issues Relating to Mandatory Treatment of Alcohol and Drug-Dependent Women. This forum, which was co-sponsored by OSAP, the National Coalition on Alcohol and Drug Dependent Women and their Children, and the Legal Action Center focused on issues related to mandatory treatment. Participants made recommendations for follow-up actions. Presentations prepared by experts in the field are available. The conference was held in Washington, D.C. on September 13-14, 1990.

Family Court Judges: Forums on Drug-Exposed Women and their Infants. The forum brought together judicial and medical expertise regarding substance abusing women and their exposed infants. Participants defined and

developed priority issues from both medical and judicial perspectives. The forums were co-sponsored by OSAP and the National Council on family Court Judges. Two forums were held June 14-16, 1990 and October 30 - November 3, 1990 at the University of Reno Medical School.

National Conference on Healthy Women, Pregnancies, and Infants. Between 500-700 people attended this conference, including grantees dealing with prevention, early intervention, education, and alternative treatment of perinatal AOD problems. The focus was on key issues, successful and promising programs, and practices related to these issues, and the emerging lessons learned from crossdisciplinary and cross-agency collaboration. This conference allowed for the sharing of experiences, as well as the strengthening of team efforts at the community level. Additionally, new strategies emerged related to the implementation of innovative approaches and ways to influence enlightened policy development. This conference was held September 24-26, 1990 in Miami, FL.

Issues Forum. A November 1990 OSAP Issues Forum, "Drug-Exposed Children Ages 2 to 5: Identifying Their Needs and Planning For Early Intervention" was the first in a series. The forum brought to light the physical and psychological needs of drug-exposed preschoolers to help health care, early development, and education professionals in planning prevention and early intervention services for these children. A panel of national experts in the medical, psychosocial, developmental, child welfare, legal, and political/advocacy disciplines participated. Representatives of State and Federal agencies interested in drug-exposed children, and early development and child health issues were invited to observe panel deliberations. The recommendations of the panel and associated presenters' papers are available.

OSAP/National Association on Perinatal Addiction Research and Education (NAPARE) Collaborative Conferences. In November 1989 OSAP funded a workshop, co-sponsored with NAPARE, for the purpose of creating a continuing medical education curriculum on perinatal addiction identification, prevention, and treatment issues for physicians and other health care workers. This curriculum was field tested through a January 1990 workshop at the D.C. General Hospital, a publicly funded hospital in Washington, D.C. which treats many poor drug dependent pregnant women and their infants. Because of the effectiveness and popularity of this workshop, the curriculum and educational materials were culturally adapted and translated for Hispanic physicians and health care workers. The Spanish version of the curriculum was tested in Texas during December 1990. Both versions of the 5 hour continuing medical education (CME) course have proved to be popular and successful in raising awareness and providing information about treating and preventing perinatal alcohol and other drug abuse and its consequences.

OSAP contributed to and co-sponsored NAPARE Annual Symposia on perinatal addiction in September 1989 and December 1990. OSAP also funded a "think tank" meeting held just prior to the December 1990 symposium. Leading experts in the perinatal addiction field discussed the development and relevance of instruments currently being used for assessment of drug-exposed infants.

Georgetown University Conferences. ACF cosponsored an invitational conference on drug-exposed infants and young children and their families in cooperation with the Maternal and Child Health Bureau, the Office for Substance Abuse Prevention, and the National Institutes of Mental Health. Participants represented three key groups: State Alcohol and Drug Abuse Directors, State Maternal and Child Health Directors, and State Child Welfare Directors. Participants developed preliminary work plans for "next steps" in promoting collaborative strategies. Also included were plenaries and workshops focusing on maternal substance abuse and model programs to prevent problems of drug-exposed infants. Ten States and the District were invited to send delegations, based on the incidence of drug-exposed infants, numbers of children in foster care, and regional distribution. Over 200 participants attended. The conference was held September 17-19, 1990 at Georgetown University, Washington, D.C.

Georgetown University and the Children to Children Foundation, along with OSAP, the National Institute of Child Health and Human Development, and the National Institute on Drug Abuse sponsored a conference at Georgetown on "Cocaine in Pregnancy: Is the Fetus Affected?", in March 1991. The goals of the Conference were to examine the scope of cocaine use during pregnancy, pharmacology of cocaine, drug exposure ascertainment, legal issues, longitudinal studies, revised research methodologies, development of appropriate animal models, and establishing an agenda of research priorities. Evidence was presented suggesting that pregnant women are far more susceptible physiologically to the effects of cocaine than are non-pregnant women. Likewise, the dual effect of drug use and pregnancy compounds the capacity to tease out what is occurring at what time in terms of behavioral versus physiologic teratogenic effects.

OSAP/State of California Collaborative Conference. OSAP and the California Department of Alcohol and Drug Programs held a collaborative Perinatal Addiction Conference to examine ways for State and Federal grantees to work more effectively together to meet the needs of pregnant alcohol and other drug users and their children. The Conference was held near San Francisco in June 1991 and focused on ways of identifying issues inherent in the two systems that impede service delivery to this population. Conference findings will be incorporated into the activities of the sponsoring organizations, and widely disseminated in the perinatal addiction field.

## EVALUATION EFFORTS

Annual Evaluation Workshops will be held in 1991, 1992 and 1993.

## CONTACT

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<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION National Institute on Drug Abuse (NIDA)	
<b>TITLE</b>	<b>NIDA Maternal Drug Abuse Research and Research Demonstration Grants</b>	
<b>DESCRIPTION</b>	<p>The National Institute on Drug Abuse has designated research on maternal drug abuse and its effects on fetal and infant development as one of its top research priorities. This research has shown that drug abuse by pregnant women can affect their children. In addition, intravenous drug abuse by pregnant women can result in the perinatal transmission of the human immunodeficiency virus (HIV). NIDA is continuing to expand its research program on the effects of maternal drug use to identify the risks to the mother and child of maternal drug use both before and during pregnancy; to develop better treatment programs for pregnant women; to develop new drug abuse treatment medications that will not cross the placenta, not affect, or have minimal effects on the fetus; to develop ways of treating drug-exposed infants; and to develop better prevention programs to encourage women to abstain from drug use.</p> <p>Authorized by the Anti-Drug Abuse Act of 1988, the Research Demonstration Program was initiated in 1989 to support carefully controlled clinical research demonstration studies designed to investigate the direct and interactive effects and the short-term and long-term efficacy of comprehensive programs that provide drug abuse treatment in addition to a broad range of social and health care services for drug-abusing women and their infants. These programs include components such as pre- and postnatal obstetrical care, care specific to drug-induced medical complications, residential and outpatient treatment, psychotherapy or counseling, educational/vocational training, and long-term case management. The purpose of these grants is to support research to demonstrate the benefits of providing maternal care to pregnant and postpartum drug-using women and their infants.</p>	
<b>STATUS</b>	<p>NIDA currently funds both research and research demonstration grants dealing with drug abusing women and their infants/children and the effects of drugs on fetal/neonatal development. Completion is scheduled for 1994.</p> <p>FY89: Nine research demonstration projects and one Treatment Research Unit awarded.</p> <p>FY90: 10 new demonstration grants were awarded.</p>	
<b>CONTACT</b>	<p>Research Loretta Finnegan, M.D. Senior Advisor on Women's Issues, NIDA (301) 443-2158</p>	<p>Research Demos Elizabeth Rahdert, Ph.D., Research Psychologist Division of Clinical Research (30 1) 443-4060</p>

<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION National Institute on Drug Abuse (NIDA)
<b>TITLE</b>	<b>AIDS Comprehensive Outreach Demonstration Project</b>
<b>DESCRIPTION</b>	NIDA funded demonstration projects which evaluate the efficacy of alternative strategies for reaching IV drug abusers and their sexual partners and persuading them to enter treatment as an AIDS prevention measure. These include several which specifically address pregnant women: AIDS Outreach to Pregnant Women and their Children (2 grants); AIDS Outreach to Drug Abusers in Public Housing; and Indigenous Leader Outreach to IV Drug Abusers.
<b>STATUS</b>	Forty research demonstration projects (29 grants and 11 contracts) have been funded. Completion scheduled for 1991.
<b>EVALUATION EFFORTS</b>	Two management and evaluation contracts have been awarded. The contractors will design outcome measures and instruments to assess program efficacy, train personnel, and gather and analyze data from all 40 sites. The contractors will prepare reports across all programs as well as report to individual programs on their functioning and efficiency.
<b>CONTACT</b>	Barry S. Brown, Ph.D. Chief, Community Research Branch Division of Applied Research (301) 443-6720

<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION National Institute on Drug Abuse (NIDA)
<b>TITLE</b>	Surveys
<b>DESCRIPTION</b>	<p>The NIDA National Health and Pregnancy Survey will provide national estimates of the prevalence of drug use in women delivering live births in hospitals and the number of drug-exposed infants; the prevalence of drug abuse during pregnancy by race/ethnic group, geographical distribution, and metropolitan/nonmetropolitan area; and information to assess the relationship between drug use during pregnancy and low birthweight and infant's length of hospital stay. Data will be available in 1992/1993.</p> <p>The National Drug and Alcoholism Treatment Unit Survey (NDATUS) collects facility-level data on all drug and alcohol treatment programs in the United States. Beginning in 1990, the survey included questions on policy with regard to admitting pregnant addicts to treatment programs and the number and type of pregnant addicts in treatment. These data are being analyzed.</p> <p>The Drug Services Research Survey (DSRS) has gathered data from a national sample of 1000 treatment programs and included questions on policy regarding treatment of pregnant women and pregnancy status of clients. Data analyses are continuing.</p> <p>The National Maternal and infant Health Survey sponsored by the CDC/National Center for Health Statistics, included questions funded by NIDA on the use of tobacco, marijuana, and cocaine during pregnancy. Data are being analyzed for the prevalence of drug use during pregnancy and for the apparent effects on child development through two years of age.</p> <p>The National Survey of Family Growth; sponsored by the CDC/National Center for Health Statistics includes questions sponsored by NIDA on the prevalence of tranquilizers, stimulants, sedatives, cocaine and marijuana use during last pregnancy. These data were collected from approximately 10,000 women in their childbearing years and are being analyzed.</p> <p>The National Longitudinal Survey of Labor Market Experience of Youth, a survey of the youth through adults in the labor market, conducted by the Department of Labor, includes questions funded by NIDA on the frequency of marijuana and cocaine use during pregnancy by an estimated 1,400 women who have given birth since 1987. This cohort is being followed and information about child development is being gathered and analyzed.</p>
<b>STATUS</b>	On-going

**CONTACT**

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(301) 443-6504

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**AGENCY**

ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION  
National Institute on Drug Abuse (NIDA)

**TITLE**

**NIDA Drug Abuse and AIDS Public Education Materials**

**DESCRIPTION**

This program is an appropriate vehicle for reaching substance abusing women because it provides specifically targeted radio and print materials aimed at IV drug users and their sexual partners. The materials deal with three closely-related HIV issues: sharing needles, sexual relations, and childbirth. Materials include a videotape, television public service announcements (PSAs), radio PSAs, posters, and print ads that specifically relay the theme of preventing HIV transmission through sex, pregnancy, and childbirth.

**STATUS**

Materials are available through the National Clearinghouse for Alcohol and Drug Information.

**EVALUATION EFFORTS**

Not applicable.

**CONTACT**

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Visual Information Specialist  
Office of Policy and External Affairs  
(301) 443-1124

National Clearinghouse for Alcohol and Drug Information (NCADI)  
(301) 468-2600

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<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION National Institute on Drug Abuse (NIDA)
<b>TITLE</b>	<b>Drug Abuse Information and Treatment Referral Hotline</b>
<b>DESCRIPTION</b>	<p>NIDA operates a telephone hotline 7 days a week, which has answered 250,000 calls in its four years of operation. The hotline callers have received referrals to drug abuse treatment as well as information on cocaine, other drugs, and AIDS. Half of the callers are calling because they themselves have a drug abuse problem. Many of these callers are women, and though it is not known, some could be pregnant or have young children, and many are certainly in their childbearing years.</p> <p>NIDA plans to provide additional training to hotline staff to address concerns around substance abuse and pregnancy. They are also expanding the materials available for dissemination to callers.</p>
<b>STATUS</b>	Operational since April 1986
<b>EVALUATION EFFORTS</b>	Not applicable.
<b>CONTACT</b>	NIDA Hotline 1-800-662-HELP

<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION National Institute on Drug Abuse (NIDA)
<b>TITLE</b>	<b>NIDA Media and Communications Activities</b>
<b>DESCRIPTION</b>	<p>NIDA has developed a Capsule on Drug Abuse and Pregnancy which has been distributed widely to the media and the public. Also, the Winter 1989/1990 issue of NIDA Notes, NIDA's principle technology transfer vehicle, contained an article on maternal drug abuse which was widely distributed.</p> <p>NIDA plans to develop new materials, which will: 1) promote the hotline for women to receive additional help; 2) provide more guidance to drug abuse treatment and prevention practitioners on outcomes of new research; and 3) develop a video news release package and other media materials to present findings, educate practitioners, and inform the general public on this topic. For example, NIDA has developed an AIDS prevention strategy focused on Hispanic women and is pilot testing an AIDS prevention model for women at risk.</p> <p>NIDA's successful collaboration with the Media Partnership for a Drug-Free America since 1986 has resulted in the development of a major anti-drug abuse public service advertising campaign, with an extensive evaluation component. They have submitted materials on the subject of substance abusing women to the Partnership which they can incorporate into PSA's on this subject. As well, they plan to offer scientific briefings on the state-of-the-art in this emerging research area.</p> <p>NIDA, as part of its ongoing technology transfer program, is looking at developing technology transfer educational videotapes and packages for practitioners that can promote better care for addicted women.</p>
<b>STATUS</b>	Not applicable.
<b>EVALUATION EFFORTS</b>	Not applicable.
<b>CONTACT</b>	<p>Mona Brown NIDA Press Officer (301) 443-6245</p>

<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION National Institute on Drug Abuse (NIDA)
<b>TITLE</b>	<b>NIDA Conferences on Maternal Drug Abuse Research</b>
<b>DESCRIPTION</b>	<p>In order to facilitate its research efforts, NIDA along with the National Institute of Child Health and Human Development has held two technical reviews. The first meeting held on June 8-9, 1990 was entitled, Methodological Issues in Controlled Studies on Effects of Prenatal Drugs, and focused on methodological problems of research dealing with the effects of prenatal exposure to abused drugs on reproductive outcome and child development and on animal models of these effects. The second technical review held on July 25-26, -1990, was entitled, Methodological Issues in Epidemiological, Prevention, and Treatment Research on the Effects of Prenatal Drug Exposure on Women and Children, and focused on methodological problems of epidemiological, prevention and treatment research on the effects of prenatal drug exposure on womens reproductive health and childrens development. Two research monographs have been developed as a result of these reviews.</p> <p>NIDA held its first Research Technology Transfer Conference January 12-15, 1991 in Washington, D.C. The conference showcased NIDAs state-of-the-art research findings as they related to the tracks of drug abuse treatment, prevention, AIDS and substance abuse, and drugs in the workplace. A workshop on substance abusing women was incorporated into the conference. This was also a cross-cutting issue that was addressed in each of the tracks.</p>
<b>STATUS</b>	(see above)
<b>EVALUATION EFFORTS</b>	An evaluation of the Research Technology Transfer Conference will be conducted.
<b>CONTACT</b>	<p><u>Technical Reviews</u>  Dr. Khursheed Asghar, Ph.D.  Chief, Basic Sciences Review Branch  Office of Extramural Program Review  (301) 443-2755</p> <p><u>Research Technology Transfer Conference</u>  Susan L. David, Chief.  Community and Professional Education Branch  Office of Policy and External Affairs  (301) 443-6245</p>

<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION Office for Treatment Improvement (OTI)
<b>TITLE</b>	<b>Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant</b>
<b>DESCRIPTION</b>	Funds in this program are passed to the States, which determine how to use the money to serve target populations and purposes. In FY86 Congress designated a 5% set-aside within this block grant for womens alcohol and drug abuse services. The set aside was raised to 10% in FY89 for alcohol and drug programs and services designed for women (especially pregnant women and women with dependent children) and demonstration projects for the provision of residential treatment services to pregnant women. States have used the set-aside broadly for a variety of purposes, including outreach, treatment, prevention, and staff development aimed at women. The set-aside also funds demonstration projects for the provision of residential treatment services to pregnant women. The precise allocation of these funds by States is unclear at this time. Beginning in FY91 some States have voluntarily increased the level of reporting. Mandatory reporting requirements will be implemented in FY93.
<b>STATUS</b>	The Congressionally mandated set-aside for womens alcohol and drug abuse services presently (FY89-90) stands at 10% of the funds allocated to the States.
<b>EVALUATION EFFORTS</b>	Mandatory reporting requirements for States, to be implemented in FY93, will allow expanded monitoring and evaluation of activities.
<b>CONTACT</b>	Susan Becker Division of State Assistance, ADAMHA Acting Director (301) 443-3820

**AGENCY:**

ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION  
Office for Treatment Improvement (OTI)

**TITLE:**

**Capacity Expansion Program**

**DESCRIPTION:**

This program will provide resources to States for the creation of new addiction treatment capacity in jurisdictions where there is a documented gap between the need for treatment and the availability of existing treatment services. Funded for the first time in Fiscal Year 1992, initial efforts will focus on expanding treatment for several target populations: adolescents, racial or ethnic minorities, pregnant women and female addicts and their children, and residents of public housing developments.

**STATUS:**

First grants to be awarded in September 1992.

**EVALUATION EFFORTS:**

All demonstrations participate in the National Treatment Improvement Evaluation Study (NTIES)

**CONTACT:**

Nick Demos  
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Office for Treatment Improvement  
(301) 443-6533

**AGENCY:**

ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION  
Office for Substance Abuse Prevention (OSAP)

**TITLE:**

**Comprehensive Residential Drug Prevention and Treatment Projects for  
Substance Abusing Women and Their Children**

**DESCRIPTION:**

New in Fiscal Year 1992, these demonstration grants support projects to develop and implement well conceptualized comprehensive residential programs to prevent or ameliorate those factors known or suspected to predispose to substance abuse in subsequent generations. All projects are expected to include primary prevention, treatment and aftercare services for women. The infants and children of the women in treatment are expected to be assessed and provided with services as well, either directly or through referral.

**STATUS:**

First grants to be awarded in September 1992.

**EVALUATION EFFORTS:**

All demonstrations will be evaluated.

**CONTACT:**

Averette Mhoon Parker, M.D.  
Chief, Perinatal Addiction Prevention Branch  
Office for Substance Abuse Prevention  
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<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION Office for Treatment Improvement (OTI)
<b>TITLE</b>	Campus Treatment Project
<b>DESCRIPTION</b>	The Campus Treatment Project involves cooperative agreements between States and OTI to create a setting where several providers, sharing common resources, deliver residential treatment services for drug use in a single large facility. The goal of this project is three-fold: 1) to enhance treatment capacity; 2) to improve the quality treatment, especially through the provision of primary medical care and HIV/AIDS testing, counseling and prevention; and 3) to create a controlled environment for assessment and evaluation of the efficacy of different treatment approaches.
<b>STATUS</b>	Cooperative agreements administered beginning in FY91.
<b>EVALUATION EFFORTS</b>	The Campus Treatment Project is being comprehensively evaluated by the National Institute on Drug Abuse. Dr. Bennett Fletcher is projectoffker.
<b>CONTACT</b>	Jerome Jaffe, M.D. Associate Director, Office for Treatment Improvement Acting Chief, Community Assistance Branch (301) 443-6549



<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION Office for Treatment Improvement (OTI)
<b>TITLE</b>	<b>Target Cities Programs</b>
<b>DESCRIPTION</b>	This program provides financial and technical assistance to eight large urban areas identified as having high drug abuse prevalence. Funds are provided for special services for at-risk populations including pregnant women and substance-exposed infants. Components of this program include the establishment of central intake, assessment and referral unit(s) to facilitate appropriate patient-treatment matching and the coordination of an array of addiction, primary health, social, vocational and educational services. These services will ensure more timely delivery and better coordinated services to women of childbearing age and their children.
<b>STATUS</b>	Cooperative Agreements administered beginning FY90
<b>EVALUATION EFFORTS</b>	All Target Cities participate in the National Treatment improvement Evaluation Study (NTIES).
<b>CONTACT</b>	Jerome Jaffe, M.D. Associate Director, Office for Treatment Improvement Acting Chief, Community Assistance Branch (301) 443-6549

<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION Office for Treatment Improvement (OTI)
<b>TITLE</b>	<b>Critical Populations Grant Program</b>
<b>DESCRIPTION</b>	This program provides resources to existing treatment providers that gear services toward populations at-risk due to their addictive disorders. Critical program focus is on enhancement of existing treatment programs to ensure patients are offered comprehensive services (addiction, medical/mental health, education, child care, parenting skills, labor training and human/social services, including welfare).
<b>STATUS</b>	Grants administered beginning FY90.
<b>EVALUATION EFFORTS</b>	All demonstrations participate in the National Treatment Improvement Evaluation Study (NTIES).
<b>CONTACT</b>	Nick Demos Chief, Special Initiatives Branch Office for Treatment Improvement (301) 443-6533

<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION Office for Treatment Improvement (OTI)
<b>TITLE</b>	<b>Primary Care Provider/Substance Abuse Linkage Initiative (SALI)</b>
<b>DESCRIPTION</b>	This initiative is designed to strengthen the linkages between the primary health care and the alcohol, drug abuse and mental health (ADM) treatment systems and foster increased awareness of addiction and addiction-related disorders within the mainstream primary health care community.
<b>STATUS</b>	Initiative implemented beginning FY90.
<b>EVALUATION EFFORTS</b>	Under development
<b>CONTACT</b>	Saul Levin, M.D. Director, Substance Abuse Linkage Initiative Office for Treatment Improvement (301) 443-8160

**AGENCY**

ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION  
Office for Treatment Improvement (OTI)

**TITLE**

**Waiting Period Reduction Grant Program**

**DESCRIPTION**

This program was designed solely to expand treatment capacity in areas where patient demand clearly exceeds availability of service. In the FY90 reauthorization program, priority was given to applicants who proposed to expand existing treatment slots for pregnant and post-partum women or add a new treatment component for this population where none existed previously. AIDS counseling, testing and prevention services are requisite services under this program.

**STATUS**

Grants administered beginning FY89. No funds in FY92 appropriation.

**EVALUATION EFFORTS**

All demonstrations participate in the National Treatment Improvement Evaluation Study (NTIES).

**CONTACT**

Nick Demos  
Chief, Special Initiatives Branch  
Office for Treatment Improvement  
(301) 443-6533

<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION Office for Treatment Improvement (OTI)
<b>TITLE</b>	<b>Criminal Justice Grant Program</b>
<b>DESCRIPTION</b>	<p>Grants have been awarded to State Departments of Corrections, or local jails to improve their drug abuse treatment programs. This program includes the provision of a broad range of services including detoxification, basic medical care, HIV testing and counseling, individual/group counseling, vocational training, remedial education, leisure time activities, life-skills training and self help groups.</p> <p>Additional grants awards have been made to improve drug abuse treatment for non-incarcerated criminal offenders. Each person in a funded program is to be traced from arrest through aftercare and tested at least weekly for illicit drug use.</p>
<b>STATUS</b>	Grants administered beginning FY90.
<b>EVALUATION EFFORTS</b>	All demonstrations participate in the National Treatment Improvement Evaluation Study (NTIES).
<b>CONTACT</b>	<p>Nick Demos Chief, Special Initiatives Branch Office for Treatment Improvement (301) 443-6533</p>

<b>AGENCY</b>	ADMINISTRATION FOR CHILDREN AND FAMILIES Administration on Children, Youth and Families (ACYF)
<b>TITLE</b>	<b>Child Welfare Research and Demonstration</b>
<b>DESCRIPTION</b>	<p>This program provides financial support to State and local governments or other non-profit institutions, agencies, and organizations to conduct research and demonstration activities in the field of child welfare, particularly to address preventive and other specialized services, foster care, family reunification and adoption.</p> <p>Within this program, we will assist the youngest and most vulnerable victims of drugs and HIV by funding innovative projects that demonstrate ways to meet the immediate non-medical needs of (a) drug and alcohol affected infants; and (b) HIV-infected children.</p>
<b>STATUS</b>	<p>Ongoing Discretionary Grant Program</p> <p>Within the total of \$6.7 million for FY91 for Child Welfare Research and Demonstration, grants will be awarded to develop models of specialized foster care for drug affected infants.</p> <p>FY90 funding priorities included projects to serve infants and children with pediatric AIDS. Four projects for HIV+ children were funded for three years beginning in FY88.</p>
<b>EVALUATION EFFORTS</b>	To be determined
<b>CONTACT</b>	<p>Wade F. Horn, Ph.D. Commissioner, Administration on Children, Youth and Families, ACF (202) 205-8347</p>

<b>AGENCY</b>	ADMINISTRATION FOR CHILDREN AND FAMILIES Administration on Children, Youth and Families (ACYF)
<b>TITLE</b>	<b>Abandoned Infants Assistance Program</b>
<b>DESCRIPTION</b>	As part of ACF's efforts to deal with the rising number of drug-exposed infants, grantees have developed and implemented and now operate projects to (1) demonstrate how to prevent the abandonment of drug-affected infants and toddlers; (2) identify and address the social service needs of drug-exposed and HIV+ infants and their families; and (3) reunify these children with their biological families, when possible, and/or place the children in foster care. The thrust of the programs is to provide needed social services to the families; to recruit, train and retain foster parents and to operate residential programs for drug-exposed children and children with AIDS. In addition, respite care programs have been established and health and social service personnel have been recruited and trained to work with families, foster families and residential care staff. Program components include home visits; developmental child care; parenting education for mothers during and after pregnancy; drug and alcohol treatment; and the provision of other support services. Grantees totaled 24 in FY90 and 33 in FY91.
<b>STATUS</b>	Ongoing Discretionary Grant Program
<b>EVALUATION EFFORTS</b>	An evaluation of the Abandoned Infants Program is planned for FY92.
<b>CONTACT</b>	Wade F. Horn, Ph.D. Commissioner, Administration on Children, Youth and Families, ACF (202) 205-8347

<b>AGENCY</b>	ADMINISTRATION FOR CHILDREN AND FAMILIES Administration on Children, Youth and Families (ACYF)
<b>TITLE</b>	<b>Drug Abuse Prevention Program for Runaway and Homeless Youth</b>
<b>DESCRIPTION</b>	<p>This discretionary grant program, authorized under Section 3511 of the Anti-Drug Abuse Act of 1988, makes funds available to public and private, non-profit agencies to address the problem of drug abuse among runaway and homeless youth.</p> <p>In FY89, 104 discretionary grants were awarded to support projects designed to provide comprehensive drug abuse education and prevention services to the target population; develop and improve networking among service providers in rural and other areas with minimal services; develop and test innovative program models; and provide special services to Native American youth.</p> <p>In FY90, 80 additional discretionary grants were awarded under the program. Of the new projects funded, 35 are to provide comprehensive services, and 16 are for the purpose of improving networking and coordination of services in underserved areas. In addition, 29 demonstration grants were awarded, of which six will focus specifically on the substance abuse problems of adolescent runaway and homeless girls who are pregnant.</p> <p>In FY91 continuation grants were made to current projects and an evaluation of the program was funded.</p>
<b>STATUS</b>	Ongoing Discretionary Grant Program
<b>EVALUATION EFFORTS</b>	An overall evaluation of the effectiveness of the Drug Abuse Prevention Program for Runaway and Homeless Youth was initiated in FY91. In addition, several grantees funded in FY89 and FY90 intend to conduct self-evaluation activities of their own projects. The demonstration grants awarded in FY90 are required to use up to 10 percent of their budget, or a minimum of \$10,000 of their award, for an independent third party evaluation.
<b>CONTACT</b>	Wade F. Horn, Ph.D. Commissioner Administration on Children, Youth and Families, ACF (202) 205-8347



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<b>AGENCY</b>	ADMINISTRATION FOR CHILDREN AND FAMILIES Administration on Children, Youth and Families (ACYF)
<b>TITLE</b>	<b>Study of the Impact on Service Delivery of Families with Substance Abuse Problems</b>
<b>DESCRIPTION</b>	In July of 1991 ACF began an extensive study of the short and long term impact of families with substance abuse problems or AIDS on service delivery within ACF programs.
<b>STATUS</b>	A multi-year evaluation project.
<b>EVALUATION EFFORTS</b>	This extensive evaluation will encompass several programs administered by ACF. This project will assess the current impact of substance abusing children and families on service delivery, including Head Start, youth services, and child welfare services.
<b>CONTACT</b>	Wade F. Horn, Ph.D. Commissioner, Administration on Children, Youth and Families, ACF (202) 205-8347

**AGENCY**

ADMINISTRATION FOR CHILDREN AND FAMILIES  
Administration on Children, Youth, and Families (ACYF)

**TITLE**

**Emergency Child Abuse and Neglect Prevention Program**

**DESCRIPTION**

This program will provide funds to improve the delivery of services to children whose parents are substance abusers. Such services may include the hiring of additional personnel, additional training for personnel to improve their ability to provide emergency child abuse prevention services related to substance abuse by the parents, expanded services to deal with family crises created by substance abuse, and the establishment or improvement of interagency coordination.

**STATUS**

Ninety-four grants were awarded in FY91, the first year of operation for this program. Eligible entities are state and local agencies responsible for administering child abuse or related child abuse intervention services and community and mental health agencies and nonprofit youth-serving organizations with experience in providing child abuse prevention services.

**EVALUATION EFFORTS**

To be determined

**CONTACT**

Wade F. Horn, Ph.D.  
Commissioner, Administration on Children, Youth, and Families, ACF  
(202) 205-8347

<b>AGENCY</b>	HEALTH CARE FINANCING ADMINISTRATION
<b>TITLE</b>	<b>Improving Access to Care for Pregnant Substance Abusers (Medicaid Demonstration)</b>
<b>DESCRIPTION</b>	<p>Medicaid funds are being used to demonstrate different approaches for providing improved access to health care for drug addicted pregnant women and their infants. Five State Medicaid agencies (Maryland, Massachusetts, New York, South Carolina, and Washington) will receive funds over a four and a half year period.</p> <p>The five States will be modifying services and/or reimbursement approaches under Medicaid. Services that are not currently available under State Medicaid plans will also be included in some of the demonstration sites (e.g., residential treatment services in institutions for mental diseases [IMDs] for individuals between the ages of 22 and 65). Features common to the participating States include community outreach and case management for pregnant women, provider awareness training and support services.</p> <p>Eligibility will be limited to current Medicaid eligibles, including all pregnant women and infants in families with incomes below 133% of poverty (up to 185% in 18 States).</p>
<b>STATUS</b>	Awards were made in September, 1991.
<b>EVALUATION EFFORTS</b>	An independent evaluator will assess the demonstration's effect on access to, utilization, and cost of prenatal care, substance abuse treatment services and other relevant services. Birth outcomes and effects of services on the health of drug addicted pregnant women will be assessed, as well as any reduction in short-term impairments to their infants.
<b>CONTACT</b>	Debbie Van Hoven ORD/HCFA (301) 966-6625

<b>AGENCY</b>	HEALTH CARE FINANCING ADMINISTRATION
<b>TITLE</b>	<b>Extending Medicaid Coverage of Substance Abuse Treatment to Eligible Pregnant Women: Assessment of Issues and Costs</b>
<b>DESCRIPTION</b>	<p>The purpose of this exploratory research project is to study Medicaid's coverage of substance abuse treatment programs and to assess the costs of expanding this treatment to pregnant women at risk of delivering a substance-impaired infant. The researchers will address the numbers of women affected by substance abuse during pregnancy; existing treatment options for pregnant women covered by Medicaid, current costs and the numbers of women being treated; costs of potential treatment scenarios; and reimbursement strategies. This project will use primarily data from surveys that have already been conducted and data from interviews with State officials working in the areas of Medicaid and substance abuse. The cost estimates will be developed for select States. These estimates will consist of four components: (1) baseline substance abuse treatment costs for the current Medicaid program; (2) incremental costs of the expanded Medicaid program; (3) baseline maternity and newborn care costs; and (4) maternity and newborn care costs after substance abuse treatment options are expanded.</p>
<b>STATUS</b>	<p>This is a two-year project. Year one, in which the cost assessment process will be developed and information about State Medicaid programs pulled together, is nearly completed. A funding decision for year two has not been made.</p>
<b>EVALUATION EFFORTS</b>	Not applicable.
<b>CONTACT</b>	<p>Marilyn B. Hirsch Office of Research and Demonstration, Medicaid Program Studies Branch (301) 966-7712</p>

<b>AGENCY</b>	OFFICE OF THE SECRETARY Assistant Secretary for Planning and Evaluation (ASPE)
<b>FILE</b>	<b>Policy Research Regarding Substance Abusing Women and Their Children</b>
<b>DESCRIPTION</b>	<p>During FY90 and FY91, ASPE conducted several policy related studies regarding maternal substance abusers and their children. This research included efforts to identify and describe promising approaches to serving drug-exposed children and their families; to determine whether there are differences in the characteristics, needs, services, and outcomes between the children of substance abusers and other children in foster care; and to better describe the population and needs of mothers and their children receiving care from comprehensive drug treatment programs.</p> <p>Efforts beginning in FY91 and continuing into FY92 include the joint development, with the Department of Education and several HHS agencies, of technical assistance materials for pre-schools and elementary schools regarding the educational needs of drug-exposed children, and secondary analyses of a number of existing data bases with information on substance abuse by women with children and treatment services for this population.</p>
<b>STATUS</b>	Ongoing
<b>EVALUATION EFFORTS</b>	Not applicable.
<b>CONTACT</b>	Laura Feig Program Analyst, ASPE (202) 690-6805

<b>AGENCY</b>	OFFICE OF THE SECRETARY Office of the Inspector General (OIG)
<b>TITLE</b>	<b>Related Studies on Drug-Exposed Infants</b>
<b>DESCRIPTION</b>	The Inspector Generals office produced four related studies regarding drug-exposed children and the child welfare system. Crack Babies examines how crack babies are affecting the child welfare system in several major cities. Crack Babies: Selected Model Practices briefly describes a number of programs providing services to drug-exposed children and their families. Boarder Babies is an advisory report describing the extent of the boarder baby problem in several cities. Finally, a report discussing legal issues surrounding prenatal drug exposure entitled <u>Prenatal Substance Exposure Laws: Do They Make a Difference</u> will be released in 1992.
<b>STATUS</b>	Project completed 1990
<b>EVALUATION EFFORTS</b>	Not applicable
<b>CONTACT</b>	Alan Levine Program Specialist, Office of Evaluations and Inspections (202) 619-3409



## Related Programs





<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION Office for Substance Abuse Prevention (OSAP)
<b>TITLE</b>	Communications Grants
<b>DESCRIPTION</b>	<p>This program effort funds projects that propose promising communications models or innovative approaches for reaching hard-to-reach and/or high risk audiences in specific populations through mass communications; provides specialized knowledge and services to key gatekeepers working at resource centers and clearinghouses affiliated with OSAP's RADAR Network, or that respond to demonstrated needs for specialized materials targeted to populations in high-risk environments.</p> <p>Emphasis is placed on collaborative efforts that link various organizations working with the targeted populations, increase credibility and utility of messages by linking them with community organizations and resources, and involve the particular target audiences in the development and testing of messages and material.</p>
<b>STATUS</b>	Program has been operative since FY90
<b>EVALUATION EFFORTS</b>	Not applicable
<b>CONTACT</b>	Robert Denniston, Director Division of Communication Programs (301) 443-0373

<b>AGENCY</b>	<b>ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION</b> Office for Substance Abuse Prevention (OSAP)
<b>TITLE</b>	<b>National Clearinghouse for Alcohol and Drug Information (NCADI)</b>
<b>DESCRIPTION</b>	<p>In 1987, <b>OSAP</b> established NCADI as the central point within the Federal government for current print and audiovisual materials about alcohol and other drugs. NCADI has undertaken a number of activities relating to drugdependent women and their infants. NCADI has supported mailings of a Special Media Kit for print and broadcast representatives, which includes the latest scientific facts about alcohol and other drug use during pregnancy, examples of available public education materials, and resource lists. Each year, NCADI provides technical assistance and mailing support to the Healthy Mothers, Healthy Babies Coalition to launch a media campaign in conjunction with the National Alcohol- and Drug- Related Birth Defects Awareness Week, which is usually scheduled during the week of Mother's Day.</p> <p>NCADI also distributes a number of publications and resource materials related to drug-dependent women and their infants, including <u>My baby. .. Strong and Healthy, Alcohol, Tobacco, and Other Drugs May Harm the Unborn, and Special Focus: Preventing Alcohol-Related Birth Defects.</u></p>
<b>STATUS</b>	Efforts are ongoing.
<b>EVALUATION EFFORTS</b>	Not applicable
<b>CONTACT</b>	<p>Robert Denniston, Director Division of Communication Programs (301) 443-0373</p> <p>Clearinghouse (301) 468-2600</p>

<b>AGENCY</b>	ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION Office for Substance Abuse Prevention (OSAP)
<b>TITLE</b>	<b>Community Partnership Program</b>
<b>DESCRIPTION</b>	<p>The Community Partnership Program is a grant initiative intended to develop community partnerships for the purpose of creating and implementing comprehensive prevention programs. The program is designed to introduce innovations in the community's prevention approaches by utilizing existing and Federal resources. Approximately 200 grants were awarded in FY91.</p> <p>In FY 92 the Community Partnership Program is targeting communities that have a high prevalence of alcohol and other drug use, as evidenced by prevalence rates higher than the national average. The program requires rigorous conceptualization, design, implementation and evaluation of the partnership and the prevention activities (including the assessment of a comparison community) in order to be able to demonstrate the effectiveness of different partnership and prevention program models.</p>
<b>STATUS</b>	Ongoing program.
<b>EVALUATION EFFORTS</b>	Each program will use process and outcome evaluation components, as well as the use of a comparison community for evaluative purposes. The evaluation will be tied to a needs assessment, to the specific alcohol and other drug problems, and to the prevention goals of the community.
<b>CONTACT</b>	<p>Ruth Sanchez-Way, Ph.D.  Director, Division of Community Prevention and Training  (301) 443-9438</p>

<b>AGENCY</b>	HEALTH RESOURCES AND SERVICE ADMINISTRATION Bureau of Health Care Delivery and Assistance
<b>TITLE</b>	<b>Community and Migrant Health Center Program Substance Abuse Initiative</b>
<b>DESCRIPTION</b>	The goal of this program is to integrate the special service needs of substance abusers. Activities include direct service provision, as well as training and curriculum development for service providers.
<b>STATUS</b>	Supplemental funding was provided from FY89 - FY91 to 43 community health centers.
<b>EVALUATION EFFORTS</b>	Not applicable
<b>CONTACT</b>	Joseph O'Neill, M.D. Acting Chief, Program Development Branch, BHCDA (301) 443-2512

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<b>AGENCY</b>	HEALTH RESOURCES AND SERVICE ADMINISTRATION Bureau of Health Care Delivery and Assistance
<b>TITLE</b>	<b>Community and Migrant Health Center Program; and Health Care for the Homeless Program;</b>
<b>DESCRIPTION</b>	Community based organizations provide primary health care and substance abuse treatment to homeless individuals and families. <b>15%</b> of the 231,000 served were children 0-14. Some homeless pregnant women are reached in this program.
<b>STATUS</b>	109 community based organizations were funded in FY89 and FY90.
<b>EVALUATION EFFORTS</b>	HRSA will conduct an assessment of prenatal and alcohol and other drug abuse services available to homeless, pregnant, substance abusing women in the Community/Migrant Health Centers. They will also fund several other evaluations which indirectly relate to this population.
<b>CONTACT</b>	James Gray Acting Chief, Program Implementation Branch, BHCD (301) 443-2512

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<b>AGENCY</b>	HEALTH RESOURCES AND SERVICES ADMINISTRATION Bureau of Health Care Delivery and Assistance
<b>TITLE</b>	<b>Community and Migrant Wealth Center Program; and Comprehensive Perinatal Care Initiative</b>
<b>DESCRIPTION</b>	<p>The Comprehensive Perinatal Care Program (CPCP) supports the provision of case-managed prenatal and pediatric services to high risk women and infants in <b>300</b> community health centers. Over the two years of operations the following outcomes can be described based on self-reported data from grantees:</p> <ul style="list-style-type: none"> <li>◆ Program services <b>134,000</b> mother/infant pairs.</li> <li>◆ Continuation grantees (190 C/MHCs) have expanded access for 15, 000 additional prenatal users.</li> <li>◆ In 1988 CPCP grantees cared for 30% of all females 15 and under who delivered in the U.S.A.</li> <li>◆ Since inception the program has increased care to pregnant teenagers about 2.5 times.</li> <li>◆ The most conservative estimate is that the percent of women who entered CPCP care in their first trimester of pregnancy increased between 32% and 36%.</li> <li>◆ Incidence of low birth weight among CPCP newborns fell from 7.5% to 6.4%.</li> <li>◆ Among the 107 centers reporting, postneonatal deaths decreased from 4.2 per thousand deliveries. Extrapolating to the total number of CPCP births, 228 lives were and will be saved.</li> </ul>
<b>STATUS</b>	FY89 and FY90 provided supplemental funding to 200 community based health centers.
<b>EVALUATION EFFORTS</b>	Not applicable
<b>CONTACT</b>	Beverly Wright Program Implementation Branch, BHCD (301) 443-7587

<b>AGENCY</b>	HEALTH RESOURCES AND SERVICE ADMINISTRATION Maternal and Child Health Bureau
<b>LE</b>	<b>Maternal and Child Health Block Grant (Title V)</b>
<b>DESCRIPTION</b>	<p>MCH Block Grants to States, as their name suggests, are awarded to State Health Agencies on the basis of specified formulas, and represent the largest funding component of Title V of the Social Security Act (roughly 85 percent depending on the level of funds appropriated). These funds are allocated to State Health Agencies according to a simple percentage formula derived from the dollar amount each State received in FY81 (the year immediately preceding the amendments instituting the Block Grant). MCH Block Grants are made to States:</p> <ul style="list-style-type: none"> <li>◆ To assure access to quality maternal and child health services, especially for those with low income and living in areas with limited availability of health services.</li> <li>◆ To reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children; to reduce <b>the need</b> for inpatient and long-term services; to increase the number of children appropriately immunized against diseases and the number of low income children receiving health assessments and follow-up diagnostic and treatment services; and, otherwise, to promote the health of mothers and children.</li> <li>◆ To provide rehabilitation services for blind and disabled individuals under age <b>16</b> receiving benefits under Title XVI of the Social Security Act.</li> <li>◆ To provide assistance to children who are in need of special health care services by: Efforts to locate such children; Assuring the medical, surgical, corrective and other support services and care; Assuring availability of facilities for diagnosis, hospitalization and after care.</li> </ul> <p>Pregnant substance abusing women and children affected by perinatal drug exposure may qualify for services provided by the MCH Block grant. Specific provisions are determined by individual States.</p>
<b>STATUS</b>	Not applicable
<b>EVALUATION EFFORTS</b>	States are required, beginning in FY91, to report information on the numbers of persons served, including the proportion of infants born with drug dependency.
<b>CONTACT</b>	Brad Perry Branch Chief, Systems Services Development and Information, MCHB (301) 443-3163

<b>AGENCY</b>	HEALTH RESOURCES AND SERVICE ADMINISTRATION Maternal and Child Health Bureau (MCHB)
<b>TITLE</b>	<b>Special Projects of Regional and National Significance (SPRANS)</b>
<b>DESCRIPTION</b>	<p>The Omnibus Budget Reconciliation Act (OBRA) of 1981 (PL 97-35) provided that the MCH Block Grant should have a Federal set-aside which allows for the retention of 10-15 percent of the MCH Block Grant appropriation each fiscal year to support continuation of certain categorical programs usually referred to as Special Projects of Regional and National Significance.</p> <p>Grants funded by MCH include both investigator initiated and program directed studies. The five grant categories include several which may pertain to substance abusing women: maternal and child health research; maternal and child health training; and child health improvement. Some grants are targeted at high risk infants and pregnant women, including substance abusers.</p>
<b>STATUS</b>	A small portion of the total funding is directed as grants directly affecting substance abusing pregnant and postpartum women and their children.
<b>EVALUATION EFFORTS</b>	Individual program evaluations will be provided.
<b>CONTACT</b>	Eamon McGee Acting Director, Office of Programs Support, MCHB (301) 443-2170



<b>AGENCY</b>	HEALTH RESOURCES AND SERVICE ADMINISTRATION Maternal and Child Health Bureau
<b>TITLE</b>	<b>Pediatric AIDS Health Care Demonstration Grant Program</b>
<b>DESCRIPTION</b>	<p>The purpose of the pediatric AIDS/HIV program is to encourage the development of a network to help support and provide the appropriate response to the multiple issues arising from the HIV/AIDS epidemic in women and children. Projects are to demonstrate both effective ways to prevent HIV infection, especially through the reduction of perinatal transmission and to provide treatment and support for infants, children and youth with infection. Emphasis is on care delivery in ambulatory settings using a case management approach which will reduce the amount of time spent in hospital settings.</p> <p>A number of limited grants are also being awarded to existing Pediatric AIDS grantees with funds (totaling \$1 million for FY90) from the Childrens Bureau (ACYF) Abandoned Infants Assistance Act Program. These funds are provided by interagency agreement to expand the efforts of the Pediatric AIDS grantees to include drug-exposed babies, particularly those at risk of abandonment. Not all drug-exposed infants are HIV positive but many of the family characteristics and service needs overlap. The purpose of this limited grant announcement is to bring about greater coordination among service agencies to help assure more comprehensive delivery of services to pregnant women at risk of abandoning their offspring, and to infants or children who have been or may be at risk of abandonment.</p>
<b>STATUS</b>	In FY90, 19 continuation grants and 14 new grants were awarded
<b>EVALUATION EFFORTS</b>	Process and outcome evaluation are internal to each project and ongoing.
<b>CONTACT</b>	Beth D. Roy Health Resources and Service Administration (301) 443-9051

<b>AGENCY</b>	OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH Office of Population Affairs
<b>TITLE</b>	<b>Training of Title X Clinic Staff;</b>
<b>DESCRIPTION</b>	In order to begin immediately to meet the problem of drug abuse among pregnant women, the Office of Population Affairs is taking advantage of available resources and initiating a new program. Title X of the PHS Act funds a network of 4,000 family planning clinics which provide services to a client population of 4 million women of reproductive age. This program is planned to begin training Title X clinic staffs on how to perform risk assessments, to better identify women with drug abuse problems, and to educate clients through preconception counseling on the risks of drugs and alcohol for the woman and, should she become pregnant, for her child.
<b>STATUS</b>	ADAMHA (OTI) transferred \$500,000 of its training funds to the Office of Population Affairs in FY90 and an additional \$500,000 in FY91 to support this ongoing effort.
<b>EVALUATION EFFORTS</b>	Not applicable.
<b>CONTACT</b>	Barbara Tassey, M.D. Medical Officer Office of Population Affairs (202) 245-0151

<b>AGENCY</b>	ADMINISTRATION FOR CHILDREN AND FAMILIES Office of Community Services
<b>TITLE</b>	<b>Social Services Block Grant (Title XX)</b>
<b>DESCRIPTION</b>	Administered by the Administration for Children and Families, the Social Services Block Grant (SSBG) program is the major source of Federal funding for social services programs in the States. Among the goals of the program are preventing, reducing or eliminating dependency; preventing or remedying abuse, neglect, or exploitation of children and adults; and preventing or reducing inappropriate institutional care. States may, at their option, use some portion of the funds to provide substance abuse services which may include a comprehensive range of personal and family counseling methods as well as treatment for drug or alcohol abusers. SSBG funding totalled \$2.8 billion in FY91. Eleven States indicated in their FY90 SSBG plans that they were providing substance abuse services to their populations.
<b>STATUS</b>	Ongoing Block Grant Program  All States, including 5 Territories and Insular Areas, receive block grant funds. The services provided and the eligibility for these services varies from State to State depending on local needs and priorities.
<b>EVALUATION EFFORTS</b>	None
<b>CONTACT</b>	Frank Burns Office of Community Services, ACF (202) 245-2892

<b>AGENCY</b>	ADMINISTRATION FOR CHILDREN AND FAMILIES Administration on Children, Youth and Families (ACYF)
<b>TITLE</b>	Child Welfare Services (Title IV-B)
<b>DESCRIPTION</b>	This formula grant program provides a 75% match for States' child welfare services, up to each States allotted proportionate share of appropriations. Purposes of the program include preventing and remedying abuse and neglect, protecting and caring for children who are removed from their homes, and providing reunification and adoption services. Appropriate services are broadly defined and may include case management, counseling, respite care, homemaker services, and parenting education. States are reimbursed for services provided to all children, not just low income populations covered under Title IV-E.
<b>STATUS</b>	Ongoing Formula Grant Program
<b>EVALUATION EFFORTS</b>	<p>Several evaluation efforts of the Title IV-B program are occurring, including:</p> <p>National Study of Protective, Preventive, and Reunification Services Delivered to Children and Their Families. This study will obtain national data on the protective, prevention, and reunification services to children and their families in the child welfare system, regardless of the specific agency which provides the services. In addition, this study will determine the number of children receiving foster care as a percentage of all children receiving social services.</p> <p>Evaluation of Efforts to Recruit Families and Achieve Adoptive Placement for Waiting Minority Children. This project will (a) assess the effectiveness of current ACYF projects for recruiting families and achieving adoptive placement for minority children waiting for adoption; (b) determine if past similar projects funded by ACYF continue to operate and are effective; and (c) identify those models which are most effective in recruiting families and achieving adoptive placement for minority children waiting to be adopted.</p> <p>Evaluation of Adoption Assistance Impact and Outcomes. This study will (a) determine the impact of Federal and State adoption assistance policies on increasing adoption of special needs children; and (b) study the impact of the adoptive placement on the child as well as on the adoptive family.</p>
<b>CONTACT</b>	Wade F.Horn, Ph.D. Commissioner Administration on Children, Youth and Families, ACF (202) 205-8347

<b>AGENCY</b>	ADMINISTRATION FOR CHILDREN AND FAMILIES Administration on Children, Youth and Families (ACYF)
<b>TITLE</b>	<b>Foster Care and Adoption Assistance (Title IV-E)</b>
<b>DESCRIPTION</b>	This program provides Federal reimbursement for foster care maintenance payments to AFDC eligible children and adoption subsidies on behalf of AFDC and SSI eligible children with special needs. There is an increased need for foster care and adoptive services for drug-exposed infants referred to placement.
<b>STATUS</b>	Ongoing entitlement program. In 1989, Congress increased the Federal reimbursement rate for foster care and adoptive parenting training, and broadened the types of activities which might be included.
<b>EVALUATION EFFORTS</b>	<p>Several Title IV-E evaluation efforts are occurring, including some relevant to substance abusing women and their children:</p> <ul style="list-style-type: none"> <li>◆ <u>Evaluation of Issues Currently Affecting the Recruitment and Retention of Family Foster Parents.</u> This study will assess the impact of changing demographics of children on the recruitment and retention of foster parents.</li> <li>◆ <u>Evaluation of Short Term Foster Care.</u> This study will examine child welfare cases which require short-term care in order to: (a) determine the reasons and procedures for placement; (b) document the effects of short-term care on children and families; (c) explore alternative cost effective methods for addressing the need for short-term care; and (d) determine the cost of short-term care.</li> </ul>
<b>CONTACT</b>	Wade F. Horn , Ph.D. Commissioner Administration on Children, Youth and Families, ACF (202) 2058347

<b>AGENCY</b>	ADMINISTRATION FOR CHILDREN AND FAMILIES Administration on Children, Youth and Families (ACYF)
<b>TITLE</b>	<b>Temporary Child Care for Children with Disabilities and Crisis Nurseries Program</b>
<b>DESCRIPTION</b>	This program serves abused, neglected, disabled, or seriously ill infants and children, many of whom are from drug involved families. Since FY88, the first year of implementation of this program, 122 grants have been awarded in 46 States.
<b>STATUS</b>	Ongoing Discretionary Grant Program  Authorized under the Temporary Child Care for Handicapped Children and Crisis Nurseries Act of 1986. Amended in FY89 to change the title of the Act (title shown) and other technical changes.
<b>EVALUATION EFFORTS</b>	None
<b>CONTACT</b>	Wade F. Horn , Ph.D. Commissioner, Administration on Children, Youth and Families, ACF (202) 205-8347

<b>AGENCY</b>	ADMINISTRATION FOR CHILDREN AND FAMILIES Administration on Children, Youth and Families (ACYF)
<b>TITLE</b>	<b>National Center on Child Abuse and Neglect State and Discretionary Grant Programs</b>
<b>DESCRIPTION</b>	<p>The National Center administers four State grant programs and a discretionary grant program to assist State and local agencies to address problems of child abuse and neglect. The National Center also supports research, evaluation, technical assistance, and clearinghouse activities.</p> <p>As a part of the discretionary grants program, the National Center has funded demonstration projects aimed at preventing child abuse and neglect among drug using mothers. Projects provide parenting skills training and support groups, vocational counseling, drug/alcohol rehabilitation, and social and psychological support.</p>
<b>STATUS</b>	Ongoing formula and discretionary grant programs.
<b>EVALUATION EFFORTS</b>	<p>Several evaluation efforts are occurring which pertain to substance abuse issues:</p> <ul style="list-style-type: none"> <li>◆ <u>National Incidence Study of Child Abuse and Neglect.</u> This project will develop national estimates of the incidence of child abuse and neglect and determine how the severity, frequency, and character of child maltreatment has changed since the last incidence study conducted by ACYF in 1986.</li> <li>◆ <u>National Study of the Extent of Maltreatment of Handicapped Children and the Role of Substance Abuse in Child Maltreatment.</u> This study will estimate the current national extent of child abuse and neglect among children who are handicapped and children who have substance abusing families.</li> </ul>
<b>CONTACT</b>	<p>Wade F. Horn, Ph.D. Commissioner, Administration on Children, Youth and Families, ACF (202) 205-8347</p>

**AGENCY**

ADMINISTRATION FOR CHILDREN AND FAMILIES  
Administration on Children, Youth and Families (ACYF)

**TITLE**

**Head Start Program**

**DESCRIPTION**

Head Start is a comprehensive child development program which served approximately 548,000 low income pre-school children in FY90. Intended to serve both children and their families, the program aims to help participants deal more effectively with both their present environment and later responsibilities in school and community life. Head Start programs emphasize cognitive and language development, physical and mental health, social services and parent involvement. At least 10 percent of enrollment opportunities are made available to children with disabilities. In addition, several programs serving HIV+ children have been funded.

Substance abuse is a growing problem among Head Start families; estimates are that at least 20% of children in the program have a parent or guardian with substance abuse problems. In FY90, 12 family service centers were funded to demonstrate ways to more effectively reduce and prevent substance abuse, improve literacy skills, and increase employability, as well as providing referrals and services to the families of Head Start participants. In addition, funds have been made available for additional staff training and development of curricula aimed at preventing substance abuse. An additional 28 centers were funded in FY91. Also in FY91, \$8 million was awarded to 39 current grantees to increase their capacity to address substance abuse issues including grants to support specific collaborative efforts between Office of Treatment Improvement (OTI) Target Cities grantees and Head Start grantees.

**STATUS**

Ongoing Discretionary Grant Program

**EVALUATION EFFORTS**

1) One evaluation effort begun in FY90 profiles Head Start families. This evaluation will develop a national description of Head Start family and child characteristics which identifies Head Start child and family service needs for each program year; and 2) An evaluation of the Head Start Family Service Center demonstration projects was funded in FY91 which will assess the Centers' effectiveness in addressing related substance abuse problems among Head Start families.

**CONTACT**

Wade F. Horn, Ph. D.  
Commissioner  
Administration on Children, Youth and Families, ACF  
(202) 205-8347

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**AGENCY**

ADMINISTRATION FOR CHILDREN AND FAMILIES  
Administration on Children, Youth and Families (ACYF)

**Comprehensive Child Development Program****DESCRIPTION**

This program funds 24 centers intended to provide intensive, comprehensive, integrated, and continuous supportive services for low-income infants, toddlers and preschoolers to enhance their intellectual, social, emotional and physical development and help families achieve self sufficiency. Most of the 24 centers include drug treatment for parents in their portfolio of available services. A number of additional centers will be funded in 1992, including several focusing on substance abusing families.

**STATUS**

Five-Year Demonstration Program

**EVALUATION EFFORTS**

A national evaluation of the 24 programs was initiated in FY90. This effort will examine the programs impact, effectiveness, and service delivery. The results will also generate information for the required report to Congress.

**CONTACT**

Wade F. Horn, Ph.D.  
Commissioner, Administration on Children, Youth and Families, ACF  
(202) 205-8347

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<b>AGENCY</b>	ADMINISTRATION FOR CHILDREN AND FAMILIES Administration for Developmental Disabilities (ADD)
<b>TITLE</b>	<b>University Affiliated Programs</b>
<b>DESCRIPTION</b>	The Administration on Developmental Disabilities funds a number of universities for the purposes of providing interdisciplinary training for persons concerned with developmental disabilities, demonstrating exemplary services, providing technical assistance, and disseminating information. Currently, five universities are providing services to drug-exposed children under the auspices of this program. The services include data collection and support services, prevention of developmental disabilities, and early intervention, screening and evaluation for substance abusing mothers and children.
<b>STATUS</b>	Ongoing Discretionary Grant Program.
<b>EVALUATION EFFORTS</b>	None
<b>CONTACT</b>	Deborah McFadden Commissioner, Administration for Developmental Disabilities, ACF (202) 690-6590

<b>AGENCY</b>	HEALTH CARE FINANCING ADMINISTRATION
<b>TITLE</b>	<b>Medicaid</b>
<b>DESCRIPTION</b>	<p>The Medicaid program is the nation's principal source of funding of health care for the poor. In addition to being poor, recipients must fall into one of the eligibility categories for which Medicaid was intended – primarily recipients of AFDC (children up to age 18 and their caretaker adults) or SSI recipients (the aged, blind, and disabled). Recent changes to the program provide eligibility for low income pregnant women and young children in families with incomes below 133% of the federal poverty line. Also, States must now cover children up to age 19 born after September 30, 1983, in families with incomes below 100% of the Federal poverty line. Medicaid paid for the medical care of 25.5 million low income recipients in FY90.</p> <p>Individuals who receive Medicaid eligibility (including pregnant women and children born after September 30, 1983) must, at a minimum, receive needed services including inpatient and outpatient hospital services, physician services, and services in federally qualified health centers. Since OBRA '89, States are required to pay for any Medicaid service discovered on EPSDT screening to be medically necessary to correct or ameliorate defects and physical and mental illness. .. in eligible children up to 21 years of age.</p> <p>While Medicaid does not pay for drug treatment or psychiatric services in residential facilities of 16 or more beds (as a result of the so-called institutions for mental disease [IMD] exclusion) except under the psychiatric inpatient benefit for individuals under age 21, drug treatment, as any other covered service, can be provided to eligible pregnant women and post-partum women if the women are not in IMD's. Drug treatment can also be provided, at State option, as a rehabilitative service or in residential treatment centers of fewer than 17 beds.</p> <p>States can also apply for Home and Community-Based Waiver authority to pay for certain kinds of medical care at homes for children who are HIV infected, addicted to drugs at birth, or have developed AIDS after birth.</p>
<b>STATUS</b>	Ongoing entitlement program.
<b>EVALUATION EFFORTS</b>	Not applicable.
<b>CONTACT</b>	Carla Bodaghi OLP/HCF (202) 690-5636

**AGENCY**

HEALTH CARE FINANCING ADMINISTRATION

**TITLE**

**Demonstration Projects to Study the Effect of Allowing States to Extend Medicaid to Pregnant Women and Children Not Otherwise Qualified to Receive Medicaid Benefits**

**DESCRIPTION**

Allows use of Medicaid funds to test alternative insurance programs in several States. The programs must target uninsured children under 20 years of age and pregnant women, with family incomes below 185% of the Federal poverty line who are not otherwise eligible for Medicaid. Although States could target this coverage exclusively to substance abusing pregnant women, none have elected to do so. (These projects were authorized by the Omnibus Reconciliation Act of 1989, Section 6407).

**STATUS**

Awards were made to three States for projects that will each operate for three years.

**EVALUATION EFFORTS**

Each project design must include an evaluation.

**CONTACT**

James Hadley  
ORD/HCFA  
(301) 966-6626

<b>AGENCY</b>	SOCIAL SECURITY ADMINISTRATION
<b>TITLE</b>	Supplemental Security Income Program <b>(SSI)</b>
<b>DESCRIPTION</b>	This program, administered by the Social Security Administration, provides income supports to elderly, blind, and disabled individuals in low income families, in foster care, or in institutions. Nearly 400,000 recipients are children or youth. Drug exposure, per se, does not qualify a child for benefits, but drug-exposed children could receive benefits if their particular disabilities and family income and resources fall within program guidelines.
<b>STATUS</b>	Ongoing
<b>EVALUATION EFFORTS</b>	The SSI program presently has participation by approximately 18 States in the Drug and Alcohol Abuse monitoring system (DAA), which monitors the treatment of medically determined drug addicts and alcoholics. Funding for DAA: FY90 - \$2.92 million, FY91- \$3.7 million, FY92 - 4.0 million.
<b>CONTACT</b>	Lenore Carlson Director, Division of Disability Process Policy, OD (301) 965-9068 (FTS 62 5-9068)

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